



nCorona Virus Outbreak Control and Prevention State Cell

Health & Family Welfare Department

Government of Kerala

3rd Feb 2020

TOR for STATE LEVEL COMMITTEES

WHO has declared the recent 2019-nCoV epidemic affecting 26 countries as Public Health Emergency of International concern. There are 1999 persons in isolation and out of them 3 are positive. In view of this unprecedented event preventive and promotive strategies should be designed and made functional for the prevention of spread of disease in the community. Staff assigned to the nCorona Virus Outbreak Control and Prevention State Cell will follow job activity sheets and standard operating procedures. The respective committees / units are constituted for the proper management of various administrative and complementary aspects related to nCorona virus outbreak in state control room. The officers in the state shall follow these guidelines for constitution of teams and staff functioning in concurrence with TOR for the containment of the situation.

- All Committees shall ensure to be present in daily meeting at 6 pm at the state control room / wherever suggested by authorities.
- All Committees and members shall connect and coordinate with corresponding teams in all districts and compile the activities, so as to prepare the report of the activities in the evening meeting.
- The respective Committee may co-opt the officers necessary for compiling the reports and supporting the districts as per the needs.
- They shall ensure that the specific activities are conducted, data collated and presented in a specific format.

The following teams should work independently with their teams according to the following TOR.

STATE LEVEL CORONA VIRUS CONTROL ROOM - TEAMS

1. Surveillance team
2. Call Centre management team
3. HR management
4. Training and awareness generation
5. Material management team
6. Infrastructure (isolation ward and facilities) management team
7. Media Surveillance team
8. IEC/BCC and Media Management team
9. Documentation team
10. Private hospital surveillance team
11. Expert study coordination team
12. Transportation and ambulance management team
13. Inter departmental and coordination team
14. Field level volunteer coordination team
15. Psychological support team
16. Community volunteer coordination team
17. Data management team
18. Finance management team

CONTROL ROOM Roles and responsibilities

- Control room will be operational 24*7 managed by floor managers in rotation
- Control room access is authorized only to those engaged in control room activities
- Identity proof is mandatory
- In and out movement is written on log book
- Food items are not permitted inside the control room
- Team members of different groups has to work in their assigned areas
- Review meetings will be held in mornings and evenings

- Minimum two members from all groups will participate in review meetings
- Critical appraisal of group activity will be done in the meetings
- Documentation team will record minutes of all meetings
- Decisions taken in the meeting will be communicated to the respective groups
- Implementation status of the decisions taken will be monitored
- Emergency meetings will be informed by phone to the respective teams by the documentation team
- Single window communication system will be operated by the documentation team
- All sub teams communicate with control room via their own email id.
- All communications between the teams were coordinated through control room.
- All communications are well documented.
- The advances in information technology is well utilized for communication
- Communication to the media will be done only through the media management team
- Health bulletin release at 6 pm
- A departmental coordination meeting at 6pm
- Press briefing at 7 pm

ACTIVITIES OF VARIOUS TEAMS

1. Surveillance team

- Hospital surveillance

-The condition of the Symptomatic patients admitted at isolation wards of hospitals will be closely scrutinized and reports will be updated to surveillance team

-Analysis of the reports

- Field surveillance

- Those patients discharged from hospitals will be monitored by field workers in their corresponding PHC area

- Those asymptomatic travelers/contacts in home isolation will also be monitored for 28 days by field workers and reports will be sent to the DSO

- **Lab surveillance**

- The DSO and District nodal officers entrusted for sample collection will inform to the lab surveillance team before sample collection
- Sample requisition forms will be scrutinized before sending to National Institute of Virology Pune/Alappuzha
- Liaison with districts and sample collection point

- Preparation of guidelines for Surveillance and management of 2019-nCoV infection
- Support and supervise Surveillance activities at district level
- Establishing support system with SMO (WHO), mechanism for strengthening IDSP disease surveillance system.
- Daily district wise monitoring from state level
- Detailed data monitoring at IDSP state unit.
- Identifying areas for inter-sectoral action & steps for the same.

2. 24 X 7 Call Centre management team

To Set-Up

Control room call centre should be set up in state as well as district. The call centre is set up with 3 laptop, 3 mobile/ landline telephone facility. Each Call Center Operator is assigned both a telephone and a computer. One outgoing mobile facility also available for answering pending calls. Two whatsapp number also available in disaster control management room. Depending on the configuration of the call center, each workstation has the following items:

- Headset for hands-free answering;
- Reference materials (issued upon activation of call center operations);
- Item to be used to request assistance from the supervisor (Paper and pen/pencil, register etc)
- All phone/computer banks are set up in close proximity to power, telephone, and data sockets/ports.

- Call Center Supervisors are to utilize a sign-in/sign-out sheet to keep track of Call Center Operators.

MANDATES FOR CALL CENTRE

- Maintenance of discipline
- Time management
- Call centre will be operational 24*7
- Documentation of all the activities happening in call centre
- Daily consolidation report at 4.30 pm.
- Establishing call centre with sufficient connectivity
- Linkage with DISHA system
- To answer medical queries, logistics and administrative issues regarding health and health related problems
- Daily maintenance of second and third level call referral.

Compilation format

Total number of calls till today	No: of calls on the date--/--/2020	Total	Case follow up till today	Case reported on --/--/2020	Total fever

DISHA Calls

3. HR management

- Human resource management mostly happens at the district level but at any point if district needs any additional support the needs can be communicated to state.
- The team should have a thorough knowledge of all district HR distribution.
- The team should also communicate with the district regarding the optimum redistribution policies according to the needs.
- HR details of the isolation facilities should be managed and timely decisions at state level if necessary should be taken from the control room.

- The HR data of isolation facilities/nodal centres should be compiled on daily basis and ensure there is no shortage in any category.

4. Training and awareness generation

District should train all the necessary cohorts timely and the data should be compiled at the state level. State team has the responsibility for preparing the training materials according to the daily needs being discussed in the control room meetings. These training materials should be vetted by group of experts and should be disseminated via control room mail id to all concerned (districts, agencies, groups, IMA, IAP etc)

- Identify the segments in Government and Private sector
- Prepare segment specific relevant modules
- Preparation of training manuals
- Dissemination of the prepared IEC materials including audio visual aids/training materials to health workers/volunteers/public/media
- Preparation of FAQ'S and its answers
- Online / Telephonic trainings for district level officers/health workers/volunteers as and when required
- Training to call centre duty staff
- Team of Master trainers
- Conduct of training and demonstration sessions

DATE:

Sl No	Segment	Subject	Place	Number of persons attended
	Govt sector			
1.	Doctors			
2.	Paramedical staff			

3.	Attendants			
	Private sector			
4.	Doctors			
5.	Paramedical Staff			
6.	Attendants			
	Others			
7.	ASHA			
8.	Line departments staff			
9.	LSGD representatives			
10	Kudumbashree			
11	Anganwadi Teachers			
12	Ambulance Drivers			

5. Material management team

Material management should be done at the institution level using all possible resources under the control of superintend, however there might be higher degree of needs arising in certain situations. State has a mechanism of supporting these institutions according to the arising needs. The needs and activities should be compiled in the districts and coordinated with state team/KMSCL. The state team is expected to compile the activities and challenges on day to day basis and present in control cell meeting including the following details.

DATE :

INSTITUTION:

Sl No	Items	Opening stock	Distribution	Balance
1.				

2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

The primary responsibilities of material management team are:

- Prepare the list of items required at the Hospital for providing health care
- Monitor inventory position institutions wise
- Ensure supply chain management of health care and other items requirement

6. Infrastructure (isolation ward and facilities) management team

- Identify isolation place in each district for at least for 50 patients
- Ensure all the required things in the isolation ward of these facilities
- Set up dedicated team in each district
- Train the dedicated team and other health functionaries

- Ensure that strict protocol of infection control is followed in each district
- Identify spatially all the field units fever clinics arrangements done in all districts
- Ensure and compile the referral of contacts from field/call centres /DISHA to isolation facilities in the district
- Verify and compile the needs of additional isolation place if the number is increasing in each district

The data should be collected in the following format at the district level and compiled at the state level

DATE

INSTITUTION

Sl No		Describe and give data
1.	Whether isolation ward identified and all required things are set up	
2.	Whether the specific teams have been identified and trained Number of Doctors Number of Paramedical staff Number of Attendants	
3.	Whether stand by team identified and trained Number of Doctors Number of Paramedical Staff Number of Attendants	
4.	Duty roster prepared	

5.	Whether all inventory is ensured	
6.	Number of beds	
7.	Number of Patients admitted and their details	
8.	Infection control measures taken Details	
9.	Bio medical waste disposal mechanism from Isolation ward	
10.	Institution requirements details	

7. Media Surveillance team

- Print, visual and social media surveillance with the support of State and District team.
- Collection of information regarding demand and supply of logistics, Human resources etc. circulated in the media, and addressing the needs by bridging the gaps after validating the information.
- Surveillance of issues regarding 2019-nCoV disease circulating in the media.
- Validating the information collected from the media for negative outcomes and execute timely preventive and control measures.
- Reply queries to the general public regarding health related events and information through phone numbers circulated at the state level.
- District level compilation of media surveillance data should also happen timely

Reporting format of cyber space monitoring

Sl no :	Description	Details
1	Whether any misinformation noticed	

2	Misinformation noticed Give details in brief	
3	Whether reported to take action and case booked	
4	Cases booked today	
5	Total cases Booked till today	

8. SAMPLE TRACING Team

- The team should keep a watch on sample sent to each lab(NIV pune/Alappuzha) from all districts and answer all queries regarding the sending of samples in coordination with the PH lab.
- The team should hand hold the district in transportation of samples, filling formats, collecting reports and intimate the authorities regarding the status of results Monitor sample collection and facilitate
- All sample test results to be reported to the respective Superintendent of MCH, District Collector, DHS, DME and PrI Secretary on daily basis

DATE

Sl No	Description	Number	Results received	Positive
1	Total Sample Collected Blood Urine Throat Swab			
2	Samples sent to Alpy NIV			

	Blood Urine Throat swab			
3	Samples sent to Manipal Laboratory Blood Urine Throat swab CSF			
4	Samples sent to NIV Pune Blood Urine Throat Swab CSF			

9. IEC/BCC and Media Management team

- Preparation of IEC materials related to the preventive and promotive activities to be done at the field level for the management of 2019-nCov disease spread, decrease the anxiety of general public and to disseminate factual information regarding the disease
- Dissemination of same in PRD , TV channels , AIR , social media etc
- Timely updating of website with regard to IEC
- Preparation of daily reports for media
- Arrangements of press conferences as per direction
- To act as media spokesperson for DHS

Review format

Press note	
Press brief	

10. Documentation team

- Document all meetings related to 2019-nCov disease management at Minister, Principal secretary and DHS level
- Ensure proper communication of all decisions to district's and Public health institutions for implementation of the decisions made in meetings
- Proper communication to various teams of control room regarding meetings, guidelines , SOPs etc.
- Communication to concerned teams of website and social media updation.
- Daily compilation of activity reports by various teams

11. Private hospital surveillance team

- Team should compile the data regarding the general public visiting private hospitals from all districts and suspect and identify any missed out contacts of contacts reaching the facilities.

- Good rapport should be ensured with the private hospitals/associations

Reporting format

	Cumulative
Number of persons visited private hospitals	
Suspected cases/contacts identified from Jan 15 2020 onwards	

12. Expert study coordination team

They should work with NHM admin and arrange and facilitate the visits of expert agencies provided they are coming with

- Approval from the head of the institution

- Letter to principal secretary health and family welfare for the sanction of the same
- Their own logistical support
- Should be ready to give their input regarding the present scenario and work with the current state and district team
- The team should brief the principal secretary health and family welfare regarding the feasibility, pros and cons of approval in each case after studying their back grounds.

Sl no		Details
1	Expert / Expert Group Institution Govt or private	
2	Names:	
3	Activities under taken	

13. Transportation and ambulance management team

The teams should compile the data regarding the availability spacing, training of drivers of ambulances and vehicles carrying patients from home isolation to the hospital isolation facilities and back . It should be ensured that there should be continuous availability of vehicles 24 x 7 in all districts. The data should be compiled in following format in all districts .All possible challenges at the district should be addressed there itself and decision taken at the state could be compiled and addressed during control room presentation.

Sl no	Vehicle number	Driver	From	To	Post trip sanitization

14. Inter departmental and coordination team

- There should be regular connections with all line departments like LSGD, Animal husbandry, tourism , police, kudumbasree, Suchitwa mission etc

15. Community level volunteer coordination team

- The field level activity monitoring should be done by this team.
- Grass route level support including food kit management when more people are at quarantine should also be done with the help of kudumbasree , and senior consultant ASHA program in NHM should review these activities and gaps on daily basis and present it on control room meeting .
- Collect information of Contacts and addresses
- Prepare the food kits to provide to the Contacts in Home Quarantine

Reporting format

Sl No	Description	Details
1	Number of Contacts under Home Quarantine	
2	Number of Kits prepared and provided to Homes where contact is quarantine	
3	Kits stock	
4	Kits distribution	
5	Kits balance	

16. Psychological support team

The team should arrange district /field team for managing posttraumatic stress related events and stress during quarantine. The field level activities should be compiled and presented during daily control room meeting

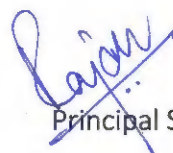
17. Data management

- State demographer and his team in stat wing should utilize all google tools to compile all the above said data formats and assist presentation of teams in daily control room meeting.
- The technical support of MIS manager NHM should be utilized in the same.
- For all these parameters district specific sheets with auto consolidated compilation sheets should be made
- The sheets should be dynamic and compilation should be given access to all state team leaders ,SMD and principal secretary.
- Districts should be supported for timely update in sheet in specified format

18. Finance and budgeting team

The state team for finance should discuss and foresee various areas of fund requirement and pool resources for all possible needs arising from time to time.

The decision regarding fund expenditure and necessary AS should be prepared timely so as not hinder any processes happening in the state and districts.


Principal Secretary

ANNEXURE 1 : Teams identified

Sl no	Name of team	Team Leader	Members
	Over all coordination	Dr Ajan.MJ	Dr.Mahesh N
1	Surveillance team	Dr Meenakshy V Dr Indu PS(DME)	Dr Aravind (DME), Dr Tony Dr Ajan M A Dr Lakshmi G G Dr Mahesh N Dr Sindhu Sridharan Dr Boban Dr Rekha M Raveendran Dr Amjith Rajeevan Dr Chithra L R Stat wing to take up charge of each districts and support the team of surveillance doctors
2	Call Centre management team	Dr Anoj	Martin Jinu NHM Mr Nithin M G (Admin NHM)
3	HR management	Dr Veena Saroji	Mrs Shobhana (ADNS) Team from DHS
4	Training and awareness generation	Dr Shinu K S	Dr Divya VS Dr.Rekha M Raveendran Dr Dhanuja Mr Nitheesh Mr Sarin Mrs Sreelatha Team from SHSRC
5	Material management team	Dr Dileep	Team from KMSCL Team from DHS
6	Infrastructure (isolation ward and facilities) management team	Dr Sreekumari (JDME)	Dr Bindhu Mohan (Additional Medical) Team from MCH

7	Sample Tracing team	Dr.Sunija (PH Lab, Director)	Dr Smitha P Nair Dr.Chithra LR
8	Media Surveillance team	Dr Niju	Dr Suja along with team from e health ,Mr Shyjl (NHM)
9	IEC/BCC and Media Management team	Dr Ramesh R	Dr Naveen Dr Abhilash Dr Mathews Media team from KSACS, NHM and DHS
10	Documentation team	Dr Mahesh	Dr Lakshmi Dr. Ajan MJ
11	Private hospital surveillance team	Dr Prathapan	Dr Ramesh R
12	Expert study coordination team	Dr Sharada(DME)	Dr Prathapan Mr Suresh (NHM), Team from NHM
13	Transportation and ambulance management team	Dr Santha (DepDHS Med)	Mr Madhu (SHTO)
14	Inter departmental and coordination team	Dr Navajoth Kosha IAS	Dr P K Jameela Dr Jagadeeshan Anjali Krishnan RO, SHSRC
15	Community level volunteer coordination team	Dr Sandeep(Dep Director FW)	Mrs Seena(Senior consultant NHM) Dr Athira (NUHM)
16	Psychological support team	Dr Kiron P S	Dr Anil Kumar T V Team from DMHP
17	Data Compilation	Mr Preeth VS	Mrs Beula and Stat wing DHS
18	Budget and financing	Mrs Geethamony NHM	Mr.Suresh k Mrs Aneesha kumary Prakash

